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Communications.

CHOLERA AND CONGESTIVE FEVER.

*Read before the New York County Medical Society,
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By EDMUND FOWLER, M.D.

Reported by E. S. Belden, M. D.

The principal paper of the evening was on Cholera and Congestive Fever, by Dr. FOWLER, as follows:

MR. PRESIDENT, AND GENTLEMEN: I shall speak to-night, though rather discursively, of Cholera and Congestive Fever.

In every disease of magnitude, whether it extends its course through many days or culminate within the hours of a single day, there always remains a portion of its history unrecorded. Every man of experience and intelligent observation must acknowledge to himself that there are expressions of disease, which, although daily seen and sought to be interpreted, cannot be delineated in language. Affections having their seat in the blood are especially marked in this respect, and have a physiognomy of their own, palpable and distinct. In cholera the blending signals of physiognomy and physiology, which harmonize with the pathology of the disease, so far as is understood, form a group of symptoms, a table of expressions of great value to the physician. These expressions of the overwhelmed organism have an importance second only to the physical or pathological signs, and results, as seen in the disintegration and destruction of tissue. The history of disease; the history of a single malady like cholera, may, like the history of governments, or of human society, be legitimately questioned; the interpretation of its governing and determining action attempted, so far as the laws controlling vital action will permit, or as they are known. We all know how anxiously the medical mind has sought to interpret aright the symptoms and facts of epidemic

cholera before and after death. Not less anxiously and laboriously have the keen and brilliant intellects of our profession swept the field of its etiology, tracked its march across deserts, over mountains, along rivers and lines of travel. That its course is specific, that its poison has a distinct identity, demands no further proof than is found in the fact that in all climates, through all its history of coming and returning, it has preserved its characteristics, and maintained its sameness. The Hindoo physicians say that cholera has always prevailed in Hindostan, and the name they give it, *mordezin*, death blow, is graphically descriptive of its malignity. All accounts agree in stating that it has appeared from time to time for nearly two hundred years, in the district of country northeast of Calcutta. But it is not my purpose to extend my inquiries concerning its specific poison, further than to state that the circumstances of soil and climate, and the general features of the locality originating in the epidemic which travelled over the western world, may assist in determining the classification of the disease.

The characteristics of cholera are initiative diarrhoea, violent purging, vomiting, cramps, precordial oppression, restlessness, a quick, rapid, thready, distinctive pulse, cold surface, cold profuse perspiration, wrinkled sodden state of the skin on the extremities, intense thirst, a sense of burning heat in the epigastric region, and in the bowels, a rapid sinking of the powers of life, collapse, and death; or reaction and consecutive fever.

In the algid form of congestive fever, in the abdominal species there is vomiting, serous purging, which is at times flocculent, with precordial oppression. There is great restlessness, intense thirst, a burning heat in the epigastric region and bowels, cold skin, often cold, profuse perspiration, a small, quick, thready pulse, blueness of the lips, collapse and death; or reaction, and not unfrequently consecutive fever. This, however, more frequently attends remittent disease.

This outline presents not essentially dissimilar characteristics. I make no effort at a lengthened detail of all the circumstances and lesions pecu-

liar to either affection. I shall touch here and there on their similitudes.

There are many lesions, of function, of tissue, and of blood, analogous, if not common to the two diseases.

Lesions of expression, although they leave no trace, and furnish no facts for the dissecting knife, are as much a part of the history of disease, as changes in tissue. They are important in determining the exact demands of the case. We all know there is a language, not of words, not of signs, and yet depending on signs, which speak from the rapid assemblage and grouping of all the features of a disease. We feel that there is a light, an illumination, coming up from the disturbed economy of the patient, to our intellect, our sympathy, and our logic; and from this fact often comes our happiest and most skillful determinings. We make no attempt to explain and analyze this phenomenon, as it would lead us too far into the subject of *vital metaphysics*, both in disease and in health.

In lesions of temperature of the skin, its changed and sodden state, its being bathed in a cold and often profuse perspiration,—the two maladies present great similarities; and even a *lay* bystander who had witnessed both cholera and congestive fever, would remark their resemblance.

What function is first disturbed? What secretion is first changed? What tissue, what membrane, first receives the impression of the specific cause of cholera? What relation exists between the blood and the prodromic diarrhoea? Are not the blood-changes more uniform, more constant than found in the solids? Have there been seen, or have there been recorded cases where the blood presented no lesions in this disease? Can there be a case of cholera, and the blood remain *intact*? All the records throwing light and information upon this subject, concur in this, that early and important changes begin in this fluid. That these lesions proceed, and accompany the profound changes in the mucous, serous, and glandular tissues, is pretty evident. The relation of the blood to the tissues is not only disturbed, but the relations of its own elements suffer interruption. The harmony of its circulation is broken; nearly the total volume of this *pabulum* rests in the capillaries and veins. The arterial tree is almost excluded from the rôle of circulation.

Where do these changes take place? In the lungs, in the arteries, or in the veins? If in the lungs, then why are they bereft of blood? If in the arteries, then explain why and in what man-

ner the thick ropy adhesive blood is driven through the capillaries into the veins? We have no idea that simple loss of the serum of the blood can explain the phenomenon of cholera. It is only a link in the chain of morbid action; and as to its eliminative action, it is well to bear in mind that the *plasma* of the blood has by no means been proven to be the only element of this fluid affected by the poison. The theory of spasm of the pulmonary artery excluding the blood from the lungs, strikes me as being open to the objection, that it totally fails to explain the pathological condition of the blood. It is not proven that simple arrest of blood in the left heart and in the veins, its retained excess of carbon, will result in the pathological condition found in this fluid in cholera. Were it true, it would greatly simplify treatment and pathology. But looking at the consecutive phenomena as they occur in the disease, and which have a direct relation to the pathology of the blood, we cannot but think that other causes are necessary to the full explanation of the blood and arterial system.

In congestive fever, one of the first facts to be observed in the blood, is its thickened condition. It is sometimes oily, and gathered into large, well-formed globules; escaping from an open vein slowly and in drops. At other times it is adhesive, and cannot be made to escape from the vessel, but is still thickly fluid. In extreme cases of congestion, proving fatal within ten to eighteen hours, the blood is perfectly gelatinified in the veins. In these cases, if a vein be laid open to the extent of twelve or eighteen lines, so as perfectly to expose the blood, it will be found of the consistence of partially coagulated albumen; dry, adhesive, and retaining its cylindrical form, after being carefully removed from the vein. I speak now of what I have witnessed, while yet the patient was able to walk from his bath to his bed; where he expired within ten minutes after I had exposed the blood to view. The congestion in this case was in the chest and abdomen; the intellect remaining clear and undisturbed. The limbs, in some instances, the body, neck and face very generally, are observed to be fuller, more plump, before and after death in congestive fever, than in health. Where this is seen, the congestion is very profound; and is attended with slight, if any, serous discharges from the bowels. This phenomenon is characteristic of the disease. Its explanation must probably be sought in the fact that the *plasma* of the blood is exsuded into the cellular tissue underneath the skin; and the like pathological changes which reduce the remaining portion of

blood in the veins to a semi-fluid state, take place in the albuminous element of the exuded part, so that when once thrown into the surrounding tissue, it remains in the state of a partial solid. It is a matter of interest that this spissitude of the blood, so nearly corresponding in physical appearance in the two diseases, and found rarely, if ever, as an attendant in other maladies, should be followed by such opposing dispositions of the blood *plasma*. But even in this particular, the parallelism becomes more apparent where, in the fever of congestion we have abundant serous discharges, followed by sodden, wrinkled skin on hands and feet.

But what is congestive fever, and why do I speak of it in connection with cholera? In the great valley of the United States, its base resting on the Gulf of Mexico, its northern boundary reaching to the shores of the Western Lakes, and known as the Interior Valley of North America, intermittent, remittent, and continued fevers are endemic. Vernal and autumnal fevers have marked the history of this vast area since its inhabitation by civilized society. So far as the imperfect records of diseases and their characteristics, and their changes in type or severity are preserved, throwing light on this subject throughout this important region, and so far as tradition obtains among the profession and the more intelligent laymen, the fevers of the South and the fevers of the Lake country, preserved from year to year their distinctive uniformity of feature, varying in intensity, were in greater or less degree simply inflammatory or typhoid.

In this allusion, my purpose is to state, that immediately following the track of cholera through this territory, physicians began to see the fevers therein assuming new violence and taking on new features. "This was especially true in the level and prairie regions of Alabama, Mississippi, Louisiana, the southern shore of Lake Michigan, from Chicago around to St. Joseph River, of Lake St. Clair, Lake Erie, and from Lake Huron to Lake Ontario." (DRAKE) I will remark in passing, that all the country between the Gulf and Lakes is not equally subject to fevers, simple or malignant. On the contrary, very considerable portions are exempt from fevers of the congestive type. Pretty extensive inquiries among physicians who practised in the Gulf States of the South before 1835, resulted in finding a very general concurrence among them in the opinion, that in the fever which they called congestive they had met a new disease. Not that it was unusual to find congestion complicating and adding to the dangers of fevers, but that the conges-

tion which gave distinctiveness and character to fevers which first startled the inhabitants of those States in 1834, culminating in 1843, was attended with phenomena so unusual, so exceptional, as to demand a new name.

Attention to the character of epidemic cholera, watchful of its influence in modifying disease, even in sections where no cases of the epidemic had occurred, physicians could not but remark the resemblance in many essential respects in the known symptoms of cholera and the new type of fever.

The assemblage of symptoms characterizing congestive intermittent is scarcely less graphic than that of cholera. Its graphical presentation is, however, less easy, because of its varying seat, involving the viscera of the abdomen in one case, the organs of the chest in another, and leaving these comparatively untouched, seizing upon the brain and spinal cord. But in all cases where the economy is stricken down with this malady there is an unfailing expression or appearance which I believe is only seen where the blood *parts with its plasma*, and the remaining elements take on the changes, vital and chemical, observed, I think, only in epidemic cholera and in congestive intermittent fever. The skin is not only cold, but it looks cold. Its touch is not unlike a marble coldness. The cold stage of common intermittent, or the cold surface in the collapse of fevers, bilious or typhoid, does not give to the eye or touch a like impression. An important fact, and a differential one is, the different result following bloodletting in simple congestion and algid congestion. If in the former a vein be duly opened, blood will flow quite freely; and if sufficient be drawn, the artery in the wrist will expand, become fuller and softer, and less frequent, while the patient will experience a feeling of relief. If in the latter, blood, even in small quantity, be taken from the system, it is immediately followed by increased restlessness, a sense of impending death, intense thirst, a more rapid thready pulse, and an increased cyanosis of the skin. In the first place venesection is followed by increased temperature of the surface, in the other the temperature is diminished. Practically, and as ground for classification, these conditions of disease are more important than lesions of the mucous membrane of the stomach or bowels recorded in pathological tables.

Another differential feature in congestive intermittent fever, is the manner and circumstance of the attack, which, unlike that of common intermittent, in a large minority of cases presents no chilly sensation, the patient is not conscious

of having a chill. He may feel dull, be disposed to sleep, complain of pain; a feeling of *tired aching* is very generally expressed; the surface remains cool, while he will say he is burning up inside. Then in the best defined cases the patient, although vomiting almost constantly, vomits no bile, but ejects large quantities of mucoserous fluid.

Most writers describe a paroxysm of malignant intermittent — little else than the cold stage of an ordinary intermittent deepened and prolonged. (DRAKE.) The blood largely driven from the surface, and circulating with difficulty through the internal veins, is very generally regarded as constituting the chief diagnostic fact, distinguishing these two forms of fever. The congestion is truly deepened, but not prolonged in the more malignant attacks. I have known some few instances where the cases terminated in death within two hours of the commencement of the congestion. In cases less malignant, but presenting all the conditions of the disease, I have, within the first three hours of the attack, let a dram or so of blood, for the purpose of examination; and so far as I can recollect, found it thick, syrupy-like, and more or less adhesive. Simple intermittent has no such lesion of the blood; neither are its lesions of expression—the general appearance of the patient—at all correspondent to those in fevers of the algid type.

There is another fact important in its bearing, which early drew my attention, but so far as I have seen has been mentioned by no writer on the subject; namely, the profound change in the nutrition of the system, following even a single severe malignant paroxysm. The blood becomes cachectic, and continues so for twelve to eighteen months. The complexion is pale; the skin chalky, showing little action of its bloodvessels; the features in the meantime wearing an expression of sadness and hopelessness. If the case has been severe, and been continued far into the consecutive or inflammatory stage, three years are not more than sufficient to restore the blood and all the organs to a healthful action. I do not know that cholera with all its profound changes in the anatomy of the tissues, and in the blood, leaves so many morbid traces, and traces so difficult to efface. This blow on the nutrition of the body, and characterized by symptoms differing from the *spanamic* condition seen in neglected or protracted simple intermittents, is pathognomonic of the disease.

Congestive chill fever occurs, perhaps in a majority of cases, in the course of intermittent and remittent fevers. It is most fatal in regions

especially visited by vernal and autumnal fevers. This is generally true. It was exceptionally fatal in the cretaceous, or rotten limestone regions of Alabama. At present it is rarely seen there; and the lime or *prairie* lands are of late resorted to for health during the summer months. Doubtless, the specific miasm of congestive fever unites and coalesces with the fever miasm common to the country; and this union of the two poisons is the cause of malignancy and fatality. Cholera is known to be more fatal in limestone regions in this country than in older geological formations.

The two diseases approach more nearly in all the elements of malignant congestion in cretaceous districts than on alluvial soil. I do not know if bowel affections are more common in the prairies of the South, than in territory along the banks of our rivers and creeks, as is true of the lime regions of the West. But it is true that the vital powers appear less resisting when attacked by marked congestive disease, if the patient has used as a drink, water impregnated with lime. This analogy in effect, if not cause, cannot be accidental. It has been repeated in all essentials too many successive years. This congestive disposition was maintained in the South until the specific miasm of yellow fever swept over the Gulf States in 1853, when a new impression was given to the character of our intermittents, remittents, pneumonia, etc. Now congestive chills are rarely seen; and physicians who began to practice in south Alabama within the last fifteen years, will tell you they have seen little or nothing of this disease; and in this period there has been no evidence of epidemic cholera influence in the interior of these States, except during the past year. There are reported and recorded fatal congestive cases along the banks of the Ohio, and around the southern borders of the western lakes, anterior to the invasion of cholera in 1832. But the accounts do not, as I apprehend, describe what is regarded by subsequent observers as the congestion in these localities following epidemic cholera. We do not have in these imperfect histories, any light thrown on the condition of the blood. It is not claimed that the consecutive appearance of any two diseases, is proof of identity of cause or of relationship. But when we have not only successive, but many and sustained resemblances in symptoms and in morbid anatomy, it is legitimate to conclude not only that affinity exists between them, but that the specific cause of the prior or original disease, enters largely into the origin of the consecutive or modified type. It has occurred in New Orleans on two or three separate occasions.

sions, when cholera and yellow fever have been present at the same time, that cases of cholera have given as a *post-mortem* fact, genuine black vomit in the stomach; while the *cadaver* from yellow fever has exhibited the contractions of the muscles, which make so remarkable a part of the history of cholera. This fact simply illustrates the moulding power of choleraic influence on the miasm of the common intermittents and remittents of the South and West.

Both in cholera and malignant chill are found analogous states of the blood. In both diseases it is believed that the earliest changes occur in the blood. In both, the coldness of the surface, the thready pulse, the vomiting, the insatiable thirst, præcordial oppression, restlessness, absence of bile in the dejections or ejections; the continued strength of the patient, the feeling of burning heat in the bowels and epigastric region, the wrinkled, sodden and shrunken skin of the hands and lower extremities, and in the color of the lips, the two affections may almost be regarded as one. Rice-water discharges is the rule in one case; serous discharges are frequently present in the other. Very rarely, rice-water evacuations have been noticed in the latter also. In the one disease, the most suddenly fatal cases are those in which the discharge and the secretion is slight. In the other, death ensues most quickly where there is no movement of the fluids toward the skin or intestines, and but a slight movement through the kidneys. In both, the congestion is rapid and profound.

On one occasion, as I entered the room to see a sprightly child of eight summers, who had been stricken down with a malignant chill within the two preceding hours, he arose from his bath, walked to his bed with a quick step, laid his head on his pillow, and in ten minutes was dead. This was an extreme case. There was neither vomiting, purging, nor excessive perspiration. It was not unlike many cases described by Mr. ORTON, in the second visitation of the cholera in India, in 1818, in which "vomiting, purging, and spasm were in a great measure, absent."

We term one congestive fever. Is cholera a fever also,—a fever of a single paroxysm, a fever having its own phenomena, even as classified fevers have theirs? Clear and accurate thinkers in the profession are of this opinion, which receives strong support, if not confirmation in the fact, that it originated in a locality reeking in miasm, and abounding in elements capable of generating febrile diseases. Dr. McINTOSH objects to considering it a congestive disease, because it is never ushered in with chilly sensations.

If this were an argument, it could be met by the history of cholera symptoms by Dr. BENNET DOWLER, in New Orleans, who, in notes taken at the bedside of the patients, describes a series of cases where chilliness and cold were complained of. Doubtless locality has something to do with this symptom.

I do not use the term congestion simply in the sense of *pernicious*, as applied to fever, intermittent, or remittent. I do not use it as designating the gravity or violence of fever. As applied to one of the forms of intermittent fevers, it has a *generic* signification. I do not use it as descriptive of the stage of nervous exhaustion, as it occurs in the course of pernicious intermittents as described by European and most American writers on the subject. Neither do I apply it to inflammatory forms of disease, or use it in that sense; although congestive fever may, if prolonged into the consecutive stage, like cholera present signs of inflammation. In congestive fever, the hot stage is blended with the cold stage; while the cold or congestive phenomena give character and type to the fever. The cold paroxysm and its attendant congestion constitute the disease. Its removal is followed by no hot stage or period of reaction. Like cholera, congestive intermittent is free from the intervention of a long paroxysm of fever. Like cholera, there exists a strong tendency to collapse, and this tendency is increased by serous evacuations from the bowels, and the effect of these evacuations is almost identical in the two affections.

The relations of these two diseases may then be inferred from the history of their invasion as to time, and their similarity in character.

I cannot, as was my purpose, speak of the analogous states of the capillaries, the degree and effects of the intense and painful burning heat in the veins and capillaries, and the effect of remedies on the blood and consequent congestion.

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. VANDER WEYDE, M. D.,

Late Professor of Chemistry and Toxicology at the New York Medical College.

No. 1.—Nitro-Glycerine.

That this substance must be poisonous is evident from the manner of its preparation and its chemical composition. It is made from glycerine in exactly the same way that gun-cotton or pyroxillin is made from cotton or other ligneous fibres. Its poisonous properties have been verified by workmen engaged in rock-blasting, who drank it, supposing it to be Irish whiskey, and an almost instantaneous death resulted.

Lately I had occasion to observe some of its physiological effects when taken in small doses. The principal symptom is produced even when touching the tongue to a finger moistened with it. An intense pain at the base of the cerebellum and through the medulla oblongata is the result. This symptom is also produced by the simple inhalation of the vapor produced by its explosion in localities where the ventilation is deficient. This was lately also observed in the operation on the Hoosac tunnel, Mass. As an antidote I find strong coffee the best; but to be effective in severe cases, it must be as strong as it is possible to make it, and to be true coffee, ground from the bean, and not adulterated with burnt rye or similar substances.

INFANTILE DISEASES AND THERAPEUTICS.

By Jos. ADOLPHUS, M. D.,

Of Hastings, Mich.

Sick children, like beautiful flowers, are quickly injured by unskilful management.

No department of medicine is so sadly neglected as the diseases of children. Patience, skill, and caution are so necessary in the treatment of these diseases, that but few are successful in their management. Their delicate organization; the extreme susceptibility and sensitiveness of their nervous system; the equally sensitive and easily irritated mucous surface; the low degree of vital capacity and vital force; the extreme activity of nutritive life; and the exceeding ease with which they are deranged; the rapid exhaustion which supervenes on the derangement of the life forces; the extreme sensitiveness of these forces to the action of remedial and morbid agents, all conspire to make the treatment of their diseases a very delicate matter. The exquisite development of irritability, sympathy, and nutrition, make their diseases more severe, and their mortality high.

Of the anatomical and physiological difference between children and adults, I may mention the sensibility of the cerebro-spinal axis, the activity of the circulation, and the reflex action from the skin to the internal organs. The irritability of the digestive mucous surfaces, coupled with their marked sensibility, accounts for the severity of intestinal disorders. The rapidity of digestion, the activity of nutrition, tell us that any suspension of the nutritive powers must result in great danger to organic life, and teach us that in treating their diseases our main efforts

should be to keep the nutritive forces in as good running order as possible. As the child's mind is readily pleased by trifles, so its sick body is readily cured by restorative means. During the process of dentition, infancy is passing through a state of combined activity of development and irritability of nervous force. The development of the latter overbalances all the functions, and by bringing around a more or less depraved condition of nutrition, induce such a condition as easily gives origin to those terrible diseases that attack the frail organism during this important epoch. The amplitude of secretion betokens a condition of life on the verge of pathology, and indicates the astonishing defection of the protective capacities of the life-forces of infancy.

Disease in them is rapid in its course, because of the inherent weakness of molecular life. This has given origin to that rascally doctrine and practice, that because of such activity of disease, the treatment should be also active. This doctrine no doubt bears a large share in producing the high mortality in infantile diseases. The physiological correlation of sympathy and recuperation, is too often lost sight of by those who treat these diseases. The most terrible and fearful fits of convulsions I have ever seen, occurred in a child suffering from inanition brought on by the poverty of the mother's milk, continued for twenty-four hours, and was not relieved until a sufficient quantity of good food was persistently administered.

I have found that convulsions occurring with great severity, if not too often repeated, "run themselves clear" under mild and restorative treatment.

I can recall three cases of hydrocephalus attended with severe convulsions and recovering.

After the first year, when the controlling influence of the brain is brought to bear on and balance the activity and sensibility of the spinal system, we find the purely spinal conditions of nervous complication are not so exceedingly frequent, but there are added all the additional train of coma and its varied modifications. Infants under three years old should ever be regarded as tender plants, ever ready to die because life in them is but a ray of light easily obliterated.

The great error that most generally occurs in treating their diseases is the laying of too great stress on the exaggerated symptoms of nervous sympathy that arise very often during their sickness. Thus, an infant, eleven months old, suffering from capillary bronchitis, and being rather actively treated, I was called in, in con-

sequence of the great dyspnoea, humid breathing, semi-comatose condition, and blueness of the face, hands, and nails. When I saw the case I at once recognized a sympathetic and irritated condition of the pneumogastric nerve, in consequence of exhaustion brought on by an active treatment, which was aggravating the nervous system, giving the case the appearance of active inflammation. A mild stimulant treatment with filtered beef-essence removed the difficulty, and the case made a good and rapid recovery.

I saw, a few months ago, a child three years old, who was awakened from his sleep in a great fright, making a loud outcry. He placed his hands on his head and complained loudly. In a half-hour he vomited green and bilious matter, and kept it up till the morning, when I saw him.

I was hardly in the house when he went into convulsions. The first impression I had was that of acute tubercular meningitis, but on making a more rigid examination I found that the breathing was abdominal, which called my attention to the chest, an examination of which revealed *double pneumonia*. The case was treated with mush-poultices to the whole thorax, quinia, Noxwood's tincture of veratrum viride, and beef-essence. Forty-eight hours after commencement of treatment, the head symptoms passed away and the chest symptoms fully developed.

Who has not seen sick children, while lying on their beds, when convalescence from acute disease is just about to commence, bury the back of their heads in the pillows, and turn away from a bright light? This is looked upon as a premonitory symptom of hydrocephalus, and often calls out treatment for such, (through error of diagnosis,) when the child should receive tonics and stimulants. These symptoms under such circumstances refer to the sensitive and irritated condition of the medulla spinalis in consequence of exhaustion of nerve force and variety of nutrition.

Let us look at the mortality record of early life. How dreadful the thought that six-tenths of the children die before puberty! and three-fifths of these die before five years, and two-thirds of the three-fifths die before twelve months! Why is this? Depraved nutrition and "bad doctoring!" The great disturbance of the nervous system during dentition, the partial and often total arrest of nutrition, the draining and exhausting excretions and fluxes, the intense nervous depression, all of which engender lesions which can only be removed by thoroughly sustaining the life forces by proper restorative treatment and keeping up as much as possible

the nutritive forces. Let us apply this grand truth to the whole infantile economy. The whole organism is unusually excited, followed by great waves of depression, and it requires a goodly sum of life force to meet this state without flinching and much suffering. This abundance of life force unfortunately falls to the lot of but few infants, and the results are, that the great majority of teething children become an easy prey to a multitude of diseases. It is the period when the little sufferer is budding from infancy to childhood, a period in fact more tender and sensitive than any through which it will pass during the whole course of future life. The mere "cutting teeth" is of trivial moment, but for the precarious condition of the nervous system which this process induces, and which is likely to entail serious and abiding ill results, unless properly managed.

The gum lancet is of more value than is generally supposed, but it must be used only when the child is suffering from severe nervous irritation in consequence of the irritated condition of the gums, which reflects itself on the whole spinal system. Here the gums are red, tender, swollen, tense and hot. The child drules, it is restless, exceedingly fretful. Its skin is hot and often the whole cutaneous surface is exceedingly sensitive, and the nervous system so sensitive and excited as to bring on convulsions. Here the gum lancet works wonders as by magic. I have seen a child snatched from convulsions by lancing its gums, and immediately restored to quiet and good nature. But the use of the lancet is not without its evils. It leaves a hard cicatrix through which the teeth have to force their way. But I believe it is right to do a little evil that good may abound.

The condition of the gums are duplicated throughout the entire alimentary canal to a greater or less extent. All the diseases occurring there are in a great measure strongly marked with brain and spinal symptoms, because of reflex action through excited sympathy. I have seen cholera infantum preceded by convulsions, spinal congestion by dry and harassing cough, simulating pulmonary disease, which a couple of days on belladonna, or ergot and tonics, would relieve. I saw a child who vomited for twenty-four hours so hard as to go into convulsions. The whole train of symptoms was cured by injecting morphia and quinia hypodermically, and never returned. A case of profound coma in a girl seven years old, came under my notice two years ago. She was being treated for cerebral disease pretty actively when I saw her. The

coma was made to yield to quinia and chloroform internally, with belladonna.

Cholera infantum is too often treated with calomel when it should be by oxalate of cerium and quinia. The former remedy is of great value in the diseases of women and children. The excited condition of the pneumogastric and vaso motor nerves in children bring on some ugly symptoms, which are often controlled by the oxalate of cerium. In the vomiting of children and women I have found no remedy so good.

Large doses of medicine and active treatment are seldom safe for sick children. Mercury, antimony, and opium, are questionable remedies in their cases.

Sick children need food, if anything, more urgently than adults. If we recollect how rapidly the heart beats, and how swiftly the blood speeds through its vessels, how exhausting nervous excitement is, how rapidly inanition and exhaustion follow disease, how terribly emaciation progresses in them, we cannot fail to see the great necessity of strictly attending to food. I often hear it asked, how sick children can be made to digest food when their appetite is so entirely gone. It is worth our while to recollect that the same force that appropriates medicine will also appropriate food. We can often do more good by giving small doses of medicine and attending strictly to food, than otherwise.

Again, we often see acute disease in them yield readily to mild treatment and nutriment, which had resisted a more active course. Thus, a child six months old, was suddenly attacked with vomiting and diarrhoea, which latter soon became bloody. The child was treated with calomel, prepared chalk, and kino, by the attending physician. I saw it twenty-four hours after, when I ordered it

R. Quinise sulph.,	gr. xx.
Glycerine,	f. 3ij.
Aquæ cinnamomi,	f. 3iss.
Tr. digitalis,	f. 3ss. M.

Teaspoonful every two hours—a mush-poultice to its belly two hours after the vomiting had entirely ceased, and in twenty-four hours later the bad symptoms had nearly all left. The child recovered finely in three days.

Moist heat is one of our very best agents in combating the diseases of children. Its action on the ganglionic system of nerves, its power to renew or waken up the depressed vital forces, and allay the irritation of nervous centres, makes it of great value. In acute diseases the vital depression is so great and the tenure of life so fee-

ble, that the little vital force left is easily harassed out of existence by medicine.

It is apparent that their operation at that time assists materially in depressing the vital forces and increasing the exhausting influence of disease, by consuming the little vital energy remaining, which should be nurtured, and employed in resisting morbid influences, restoring the exhausted forces, restoring deranged and perverted functions, and in appropriating nutrition. I am satisfied that infants reappropriate effete material and elaborate it into elements of interstitial nutrition. This is shown by the rapidity of interstitial emaciation during diseased action, and the equally rapid restoration to plumpness after recovery in many instances.

Three years ago I saw nine cases of scarlatina maligna, when the throat and skin symptoms were of extreme severity. The eruption was of a purple color and universally diffused over the whole body. The scalp, the palms of the hands and the soles of the feet, were equally covered by a fine close eruption. The skin was of a dirty purple color, and the heat of surface measured from 108 to 109 degrees. The secretions from the throat were of a fœtid character, dark brown, and quite tenacious, and the ulcers decidedly diphtheritic. The papillæ of the tongue were remarkably prominent, and of a brighter red than the body of the tongue, which gradually grew from a dirty yellowish brown to a dirty dark red brown color, very smooth and dry, cracked in the centre and furrowed on the sides. The pulse averaged from 115 to 160. It often was soft, seldom full and hard, and in the older cases early became jerking, and sometimes irregular.

The first symptom observed was the fiery red tongue followed in a day by the strawberry papillæ, then the extreme heat of surface would begin to show itself in a few hours. Three cases were stricken without any premonitory symptoms but the above described tongue. In children under three years of age convulsions usually ushered in the attack. These were seldom preceded by premonitory symptoms. Of the recorded nine cases, three were under a year old, four between two and eleven, one fourteen, and one seventeen, and but one death, which occurred within twenty-four hours after the attack.

The treatment in all these cases was substantially alike for all ages. In all the cases over a year old a strong infusion of young hyson 3j, water f. 3v; of this a teaspoonful was given more or less diluted, at intervals of from two to six hours, according to the condition of the nervous

symptoms, which were most remarkably controlled.

Symptoms of profound asthenia would often show themselves at an early period, and the depression of the nervous forces accompanying it, increased to an alarming extent the danger of this epidemic at an early day. A nourishing and tonic treatment repeated as often as convenient, seemed, in connection with the tea, to arouse from the most profound depths of depression.

The cutaneous surface was sponged off with a solution of carb. ammon., to which its equal bulk of alcohol was added. This remarkably reduced the intense heat of the skin, and relieved the restlessness. The essential features of this epidemic was the vacillation of the eruption, sometimes disappearing in an hour, inducing all the fearful symptoms of scarlatina maligna.

This condition was met by the tea in larger quantities, and a more thorough use of the beef essence given by the rectum. The tea stimulates the nervous forces without materially disturbing the circulating system. Coma was warded off by it, and convulsions in all cases under two years were prevented. The powers of the tea over nutritive life are exceedingly pleasing, it stimulates the life forces of molecular tissue, endowing it with a greater amount of assimilating power through the great sympathetic nerve. It enabled the system to reassimilate amorphous effete matter into new morphological elements without a severe taxation of the general nutritive and life forces. No doubt, through the rapid process of destruction that takes place in disease, large quantities of tissue are floated off long before they fulfil their destiny, thereby inducing a state of interstitial inanition, ending in rapid death. The power of tea and coffee over interstitial nutrition, has not been sufficiently attended to.

Many of the German physiologists and chemists, have taught that tea and coffee prevent the elimination of urea, while English pathologists teach that they cause an increased elimination. The facts are simply these, that in health a normal destruction of tissue goes on, which is far less than in disease. Tea and coffee, therefore, in health, only appear to prevent the elimination of urea. The fact is, it acts upon molecular tissue, causing it to reappropriate the rejected elements. The result is, hunger is appeased and less food is needed, interstitial emaciation is prevented to a greater or less extent, and less urea is left for elimination.

In disease emaciation is more rapid, destruction is the great result, abundance of urea is elimina-

ted, while the supply of food is cut off. Hence the great danger in all fevers, and especially in those of children, when the brain and spinal system are so easily disarranged. Tea therefore, works exactly where it is needed, on the nutrition of molecular tissue, by causing the rapid emaciation to be compensated for during the absence of food and active digestion. It further acts more kindly on nerve tissue, supplying it with material out of which it can maintain its functional stability and nutrition.

Quinia was administered in muriatic acid in very small doses often repeated, thus

R. Quin. sulph., gr. vj.
Acid. muriatic, ℥xx.
Aqua, f. ʒviii. M.

Teaspoonful every half hour.

This appeared to increase the digestive powers remarkably. Belladonna in minute doses was administered often during the day, the doses never exceeding 1.40th of a grain of the best extract.

Death by inanition is a frequent result of infantile diseases; the shock on the nervous forces is great in consequence; the interstitial waste material blocking up the eliminating glands, induces serious morbid changes in the blood, serving to heighten the gravity of diseases in them. This, no doubt, gives origin to many of those severe nervous symptoms that arise during their diseases, which are so often erroneously met by active treatment. But few children pass through life without being doctored for worms or worm fits.

Children of low vital endowment recover very slowly from acute disease; this is also true of those who were in robust health, in a great measure, before being attacked with acute disease. It is here when the seeds of future constitutional vitiation are laid. The condition of such is that of extreme anæmia. The nutritive powers are so much exhausted, and the nervous powers depressed to so great an extent, as to allow effete material to be harbored and deposited in important vital organs, and become centres of constitutional disturbance. This is, in fact, the great foundation upon which is established that vitiation of local nutrition so prolific in depriving the whole nutritive process of vital activity and normal development. It is here when the chyle fails of perfect elaboration. Though primary digestion may be correct, and the gastric and intestinal changes of the food may be, as far as we can ascertain, complete, yet the forces in the molecular life may be so depressed, as to prevent the accomplishment of that state of normal nutrition so essential to the reproduction of those morphological

changes of physiological tissue. The lacteals are no longer influenced by those inherent vital forces resident in elementary tissue, which latter reflect their vital force on these carriers of nutrition. Molecular life is incapable of metamorphosing the plasmatic nutritive material so brought into appropriate elements of tissue, nor can the depressed molecular life control the development of tissue, and so we have set up abnormal secretion as excretion, because the neoplasms are morbid. Furthermore, *interstitial digestion* is incomplete and effete, albumen and fibrin are then easily passed through the lymphatics to the tissues, and the blood discs imperfectly elaborated in the chyliferous organs, or incapable of carrying sufficient oxygen to the tissues, or of absorbing the carbonic gases resulting from molecular digestion, crowd the circulating fluid with imperfectly assimilated material, which is incapable of being properly and fully oxydized in the lungs to make them soluble and excretable, are deposited and become centres of local irritation.

To overcome this condition, we need to offer to the tissues stimulating tonics. This is accomplished by alcohol, quinia, strychnia, iron, and lime.

The hypophosphites in combination with the phosphates answer this purpose admirably, and constitute true chemical food. My formula that I have used for six years is as follows: 626 grains of hypophosphite of lime dissolved in six ounces of soft water, and 528 grains crystals of oxalic acid dissolved in four ounces of soft water; both by the aid of heat are mixed and filtered, and four ounces more of soft water are poured on the filter till fourteen ounces of hypophosphorous acid solution is obtained.

360 grains of hypophosphite of lime are now added and dissolved in the hypophosphorous acid.

The ferri sulph. $\mathfrak{z}\text{ij}$., phosphate soda $\mathfrak{z}\text{vij}$., each dissolved in three ounces of water, the solutions mixed, and the precipitate poured on to a linen filter on which soft water is gradually poured till the precipitate is tasteless and free from sulphate of potash. This phosphate is added to the hypophosphorous acid solution.

Then, 200 grains of sulphate quinia are dissolved with as little sulphuric acid as possible in an ounce of water, and this, precipitated by aqueæ ammon., the precipitate well washed, and then added likewise to the hypophosphorous acid solution. Then six grains of strychnia is also added, and sugar fourteen ounces. A teaspoonful of this in a few drops of good brandy is given as a dose three times a day. This formula I prize so highly

as to confidently recommend it in preference to all others, as the best tonic I know of.

Another tonic of great value is as follows,

R. Citric acid,	$\mathfrak{z}\text{ijss}$.
Water,	$\mathfrak{f}\mathfrak{z}\text{ij}$.
Ammon. cit. of iron,	grs. lxxx.
Quin. sulph.,	grs. lxx.
Strychnia,	grs. ijss.
Iod. pott.,	$\mathfrak{z}\text{iv}$.

Dissolve the quinia with a few drops of sulph. acid in two ounces of water, and precipitate with aqueæ ammon., wash well, and add the iron, strychnia, iod. pott., and quinia, to the acid solution, and when all are dissolved, add NICHOLS' best glycerine, $\mathfrak{z}\text{vjss}$. Dose $\mathfrak{f}\mathfrak{z}\text{j}$ three times a day. The excess of acid may be in part neutralized by ammon. carb., if preferred, but caution must be used lest too much alkali is added. This tonic is valuable, and is much relished by children. Children bear *small and broken* doses of alcohol (brandy) remarkably well, and from which they derive great benefit. Its operation is much like that of tea. It is food, and it influences interstitial digestion and nutrition. Doses of from two drops to $\mathfrak{f}\mathfrak{z}\text{ss}$., according to the age of the child, will often save its life when greatly exhausted. Our great error has been in giving stimulants to children too late and in too large doses. Commence early with very small doses and repeat frequently, but watch the results. I have seen children aroused from coma by four drop doses of brandy repeated every hour. Frictions of cod-oil over the back, loins, inside of the thighs and arms, contribute greatly to increase the strength and energies of very weakened and exhausted children.

[To be continued.]

LIME INHALATIONS IN PSEUDO-MEMBRANOUS CROUP.

BY BENJAMIN B. WILSON,

Late Surgeon and Lieut. Colonel, U. S. V.
Of Philadelphia.

I have recently attended a case of pseudo-membranous croup, in which I prescribed lime water inhalations, and in which the curative effects of this remedy were most marked and decided.

When first called to my patient, a child about two years of age, the disease had existed for more than forty-eight hours; though up to this time, little alarm had been excited in the minds of the parents from the apparent slow progress and insignificant character of the affection. During most of the time, the child had kept upon her feet about the house during the day; and some fever, with difficulty of breathing and an occasional

cough, were the most prominent symptoms aggravated, of course, during the night, but without any distressing spasmodic complications. A more decided exacerbation, however, had preceded my being sent for, and I found her with all the symptoms of the disease fairly and strongly developed. There was high febrile action with very considerable dyspnoea; the voice was almost extinct, a hoarse dry whisper being the only result of any effort to articulate, and there was present the occasional (though not very frequent) loud, barking, ringing cough, characteristic of the disease.

Believing that the time for obtaining any remedial effect from venesection had already passed, the child was immediately placed in a hot mustard bath for twenty minutes, and after being freely and repeatedly vomited and subjected to the action of counter-irritants in the shape of strong turpentine stupes to the neck and breast, the following prescription was ordered to be administered every two hours: of calomel $\frac{1}{4}$ gr., turpeth mineral, $\frac{1}{4}$ gr., ipecacuanha $\frac{1}{4}$ gr., sal ammoniac, one grain. This prescription was given during the entire day and evening, with the effect of keeping up constant nausea and occasional emesis, and a moderate purgation during the latter part of the evening, without however, producing any abatement of the threatening symptoms, which were, in fact, becoming every hour graver in their character, so that the case now assumed a threatening aspect.

In the evening, after a second warm mustard bath, the lime water inhalations were commenced, the other treatment being continued as before. A vapor bath was extemporized by throwing a large blanket over the child's head and shoulders as well as the sofa upon which it reclined and including also within its circumference a pitcher in which a small lump of quick lime was being rapidly slaked by means of boiling water. In this way the air surrounding the child's body, as well as that respired, was highly charged with the vapor of lime water. This process was repeated every hour, and sometimes every half hour, when the breathing seemed more than usually hurried and difficult. The immediate effect of this vapor bath upon the patient seemed to be soothing, the most urgent dyspnoea being relieved, and the little sufferer almost always becoming quieter and falling into a light sleep under its use. The constant repetition of the inhalations, seemed to check the steady progress of the symptoms from bad to worse, and to mitigate in a very considerable degree the most distressing and dangerous one, that of impeded respiration. This treatment, substantially, was kept up during the

whole night, the day following, and the succeeding night; there being, it was thought, a constant though gradual, and slow improvement during that time. On the next morning, forty-eight hours after I took charge of the case, and ninety-six from the inception of the disease, the symptoms gave way; the cough suddenly becoming loose and catarrhal in its character, and the breathing free and uninterrupted; the case entering at once upon convalescence. The recovery, under the use of expectorants, was prompt and rapid, and with but a slight trace of the usual bronchial inflammation, which almost invariably is a disorder consequent upon severe cases of croup. The happy result in this case, under circumstances evidently so desperate, could be attributed only to the means employed in addition to the ordinary treatment; for one has only to be familiar with the disease, to know how powerless is the most approved treatment ordinarily, when directed against it.

I have previously used lime-water inhalations in four cases of croup, in which the pseudo-membranous element was supposed to exist to a greater or less degree. They all recovered, and in each of them the remedy was considered to have been not without a beneficial effect, though to what extent was not and could not be determined. Two of these cases were also prescribed for by practitioners among the most eminent in Philadelphia, and were considered by them very serious, not to say hopeless cases. Treatment recognized as most efficient and proper for such cases was unintermittedly kept up, and how much credit, if any, of the cure could be fairly claimed by the inhalations, at the present at least admits of discussion. Sufficient apparent benefit was observed, however, at every trial, to warrant a further perseverance in its use.

The remedy may be administered by slaking lime in an ordinary inhaler, with a flexible tube and mouth-piece attached, or by a temporary vapor-bath in the manner above described. The latter I prefer for several reasons, which become apparent in practice. The vapor as usually given off is at too high a temperature to be respired, unless diluted with a certain amount of atmospheric air at a lower temperature; and besides, the little sufferer, parched with fever and gasping for breath, is too much worried and frightened, even if naturally manageable, to be induced to breathe systematically and carefully through the mouth-piece of an inhaler. The vapor-bath avoids all this, and can conveniently be applied during the intervals of temporary repose or sleep, and has the additional advantage

of producing a profuse perspiration, which is of itself grateful and relaxing in no inconsiderable degree.

I refrain from theorizing upon the therapeutic action of this remedy, and from guessing how or why it produces its curative effects. A tolerably moist atmosphere is confessedly the proper one for every case of croup, and doubtless the vapor of water alone in a certain proportion in the inspired air, increases the moisture of the respiratory mucous membranes and promotes secretion therefrom. Whether the hydrated lime with which the vapor is highly charged, has a specific action in dissolving, softening or loosening false membrane, or in promoting secretions from the mucous membrane of the larynx or trachea, is yet to be determined.

I, however, respectfully and earnestly call the attention of the profession to this remedy for the following reasons.

That pseudo-membranous croup is a very grave disorder, but little amenable to any treatment hitherto used when fully established; and even when seen and treated at the outset, often setting at defiance the most approved plans of practice which have been recommended up to the present time.

That it can be used in addition to and without interfering with any general treatment which may be judged appropriate in any particular case, and it may, under doubtful circumstances turn the scale in favor of life and recovery.

That it does not seem to be injurious in any respect; so far as used, no unpleasant result seems to have followed it, either immediately or remotely.

It is apparently soothing and most comforting to the patient, relieving the distressing symptoms, giving ease and rest, and disposing of the little sufferer to sleep.

I have not thought it worth while to try it in catarrhal or purely spasmodic forms of the disease. These varieties as a rule yield promptly to appropriate active treatment. In no disease probably is the good effects of medication more obviously apparent than in spasmodic croup; where, upon the exhibition of an emetic, the patient passes at once from a state of great seeming danger to one of almost entire relief, comfort, and safety; presenting in this respect the most marked contrast to the pseudo-membranous form of the disease.

Dr. Wm. B. LITTLE, American Consul at Panama, died of yellow fever, January 29th.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
April 17th, 1867.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Disease of Bone.

Geo. J. P., æt. 52. He has had some difficulty in his left ankle since 1852, when he sprained it. He has suffered more with it during the last two years, however, than previously.

There is a marked change in the contour of the articulation and foot, in consequence of the great swelling of the ankle-joint and instep. On both sides there are openings denotive of disease of the bone. The patient is emaciated and looks badly. He has lost thirty pounds in two years. Appetite good; bowels regular. His hands and feet are habitually cold. He does not sleep at night, on account of pain in the ankle, which is worse at night than in the daytime. He had syphilis thirty years ago—chancre and bubo. He does not recollect having had any sore throat nor eruption on the skin, and says he has never had any node. It is difficult to say whether there is a syphilitic taint aggravating this affection, or, if there is, to define the amount of its participation in the morbid action. It is not at all improbable that such a taint has materially added to the severity of the case. The pain is more violent at night, which is always noticeable in syphilitic affections.

The probe, introduced at the opening on the outer side, sunk in to the depth of several inches, and grated against diseased bone, as it did also on being passed into the sinus on the inner side. The joint is ankylosed.

This day week chloroform will be administered. These sinuses explored to their very depths, and the diseased bone removed. In the meantime he will be put on a course of treatment to relieve the pain. He was ordered

R. Potassii iodidi, gr. v.
Syr. ferri iodidi, gtt. xx. 4 t. d.

with milk punch and gentle exercise in the open air.

Cystic Tumor of the Lower Lip.

John S., æt. 34. He has an affection on the right side of the lower lip, which two months ago first attracted attention. On the inner surface of the lower lip, near the commissure, there is a bluish looking tumor. By pressing upon it, very distinct fluctuation can be elicited.

This is a case of cystic tumor of the lower lip, formed evidently by occlusion of one of the mucous follicles, crypts, or glands, which so abound in this situation, causing a retention of the natural secretion, now very greatly altered by its long sojourn in the parts, and followed by hypertrophy of the wall of the crypt or follicle. It is not a new formation at all. It finds its analogue in the sebaceous tumor. It is situated immediately beneath the mucous membrane, has no tendency to malignancy, and is capable of gradually

increasing until it acquires the bulk of an almond or hickory-nut. These tumors repeatedly occur upon the lower and upper lips, sometimes on the inner surface of the cheek.

The best remedy for this tumor is excision. It might be emptied, and the surface of the wall of the cyst which forms the sac or cyst then cauterized, but there would be some risk of its returning if treated in this way. A thread passed through it might effect a cure by producing obliterative inflammation.

The cyst was carefully dissected out. It was found to contain a dark ropy fluid, not unlike that in ranula. The wound was closed with an interrupted suture.

Epithelioma of the Face of Long Duration.

Mr. G. On the left side of the face there is an enormous cavity, involving skin, muscle, cellular and adipose tissues, bloodvessels, nerves, absorbents, cartilage, and bone. The eye is destroyed, and the zygomatic process of the malar and temporal bones exposed. Fifteen years ago the disease made its first appearance in the form of a common boil. Two and a half years ago, when the ulcer was two-thirds of its present size, he went to a quack, a farmer, who applied caustic, causing it to heal for a while. His general health is and has been good in every respect.

This is a case of epithelial cancer, epithelioma, or scirrhous of the skin. It is what used to be called noli me tangere, or erosive or eating cancer—slow in this instance in its progress, frequently very rapid and destructive in its tendencies. This is a remarkable case on account of its long duration. Prof. Gross mentioned one other instance of the tardy growth of this disease, in which it commenced twenty-five years ago in the cheek, gradually extended until at length it laid open the sinus of the superior maxillary bone, destroyed the eye and a large portion of the frontal bone. The individual is still living, and was at one time an eminent member of the medical profession. Such cases are exceptional. As a general rule the progress of the affection is, in a much shorter space of time, to destroy the part and the life of the patient, just as is the case when the disease is situated in the lip or the penis.

The man eats with difficulty. Owing to the extension of the disease to the tempro-maxillary articulation, he is not able to open his mouth to any extent. His mastication is considerably impaired. He has lost flesh. The pain does not interfere with his sleep to any extent. In the morning and evening there is a thin whitish discharge. There are some granulations on the surface of the ulcer, which cannot be said to be healthy. This is true of all the granulations which occur upon malignant sores. There is never any tendency in these cases to cicatrization or to the formation of healthy skin. The empiric to whom he applied put on a caustic which destroyed the part which was diseased, and in this way produced a healthy surface which gradually cicatrized, but at length the disease again appeared and has gone on to the extent now observed. The application of the caustic might have been of temporary benefit,

just as the knife or actual cautery is, but such a disease can rarely if ever be cured by any operation whatever, whether performed with the knife, caustic, or actual cautery; the tendency is to the destruction of the part, and ultimately of the life of the individual.

All that can be done in this case is to apply some mild unguent, and there is none, scarcely, better than the ointment of the nitrate of mercury in a very dilute state. This is an excellent application to ordinary as well as specific sores. Another cerate which might be used with advantage is the opiate cerate, which is made of simple cerate with the addition of one-half a drachm of powdered opium to the ounce, and ten, fifteen, or twenty grains of powdered rhubarb. Caution should be used in employing an anodyne, that it be not absorbed and thus poison the system. The sore should be washed several times a day with a weak solution of permanganate of potassa as a detergent and deodorizer. He was ordered twenty-five drops of the tincture of the chloride of iron three times a day, nourishing food, and gentle exercise in the open air.

Remarkable Morbid Growths.

Mrs. Mary F., æt. 37; widow, with three children. The skin above and to the outer side of the right nipple and in the axilla, is the seat of quite a number of excrescences of fiery red, almost scarlet appearance, apparently denuded of natural skin, tuberculated, and imparting to the finger a hard fibroid feel. The mammary gland does not seem to be involved, nor is there apparently any inflammation of the axillary lymphatic ganglions. She became affected in this way at twenty years of age. Now and then she has a good deal of pain, lasting for a few minutes. Very frequently she has none during the entire day.

This is a curious affection. It looks as if it were malignant, but it may be a simple fibroid development. The tumors are hard and firm, but they look as if they were epithelial excrescences, growing from the skin. The cutaneous tissues mainly are affected, but it is doubtful whether the lymphatic glands of the axilla may not be involved.

Mr. BROADBENT, a surgeon of London, suggested last year as a means of curing all cancerous affections, the use of hypodermic injections of acetic acid, diluted with water in the proportion of one part of the former, to three, four, five, or six of the latter, introduced into the very centre of the morbid mass. This mode of treatment is attracting a good deal of attention. It has been employed in a number of instances in the London hospitals, as well as in private practice, and has found its way into this country. It occurred to Mr. BROADBENT that acetic acid was preferable, first, because it does not coagulate albumen; and secondly, because it has been long known that acetic acid, when brought in contact with a cell or nucleus, will have the effect of rendering it more conspicuous, and at the same time produce certain chemical changes. This method of treatment will be tried in this case, as everything is worthy of trial which emanates from men of observation, experience, authority

and respect in the profession. The whole of medical art is one of observation and experience.

Two syringefuls, forty minims each, of dilute acetic acid, one part of the acid to four of water, were buried in the interior of several of the tumors. This injection may have the effect of inflaming these structures. It may excite erysipelas, which has in some instances followed the operation, as reported by observers. If mortification should ensue, and the whole mass slough off, it would be the best thing which could happen.

Fistule of the Anus in an Infant.

Male child, nine months of age. At the age of six months the child had an anal abscess, which opened and discharged matter. There are three openings in the skin communicating with sinuses; two on the left side of the anus, and one on the right.

The probe, on being introduced, showed a complete anal fistule on each side. This is an extraordinary case, on account of the age of the child.

Anal fistule, no matter at what period of life occurring, is invariably preceded by an abscess, which should be laid open at as early a period as possible, in order to avoid this occurrence. If the abscess be opened properly and early, the matter will be prevented from burrowing along the side of the bowel, so as to produce ultimately a fistule.

The fistule on the left side was divided, the other being allowed to remain for the present. The probability is, the sphincter of the anus being thus placed in a state of repose, the left fistule will heal up. If it should not do so, it will be operated upon at a future time.

Convergent Strabismus.

Young man, seventeen years of age. Both eyes are turned in, by the shortening of the internal straight muscles, but the right not to the same extent as the left. He sees better with his right than with his left eye. In this affection the patient has always one good eye, vision being impaired in the bad eye by want of use.

The left eye was operated upon by making a horizontal incision along the lower margin of the internal straight muscle with a pair of scissors, and then lifting up the muscle and dividing it subcutaneously, as it were. Only one eye was operated upon, for fear of producing the divergent form of the affection, which sometimes occurs.

He was ordered to wash the eye freely in cold water, to take to-morrow a dose of magnesia or salts, and to live upon a light diet, eating no meat. He should not attempt to use the eye for any minute purposes of vision, for the next three or four weeks.

Amputation at the Shoulder.

Mrs. F., æt. forty-three. Two years ago she fell on the curbstone, injuring the left elbow joint, which is now ankylosed. There are a number of openings communicating with the articulation, which have discharged a great deal. The part is very painful. The joint has been

stiff ever since the accident. Her general health is not good. She is suffering from the remains of diarrhoea. Spiculae of bone have been discharged from time to time, from the openings about the joint, and the pain has been excessive.

This is a fair case for amputation of the arm. If the woman's health were better, an attempt might be made to save the limb.

The woman was placed under the influence of chloroform, having first taken several ounces of whisky. The brachial artery was compressed by the finger, and amputation of the arm performed, when it was found that the humerus was diseased. Amputation was then performed higher up with a like result, when the arm was removed at the shoulder-joint, the circulation being controlled by digital compression of the subclavian artery.

The humerus was diseased to the very head, the whole bone being brittle, like a shell—a case of osteo-myelitis.

PENNSYLVANIA HOSPITAL,
February 16th, 1867.

SURGICAL CLINIC OF DR. AGNEW.

Reported by Dr. Napheys.

Result of Lithotomy Case.

Fragments of the calculus removed at the last clinic (vide p. 254,) were exhibited. The weight was 342 grains. A section of the central part shows the nucleus and also some very fine lamellæ concentrically arranged. The calculus is mainly uric acid, with a large amount of the phosphates distributed in layers, and a little oxalate of lime interspersed irregularly through it. This composition corresponds with what is observed in many stones; they do not consist of any single constituent, but of different salts combined in one concretion.

The boy has done very well since the operation, excepting a tendency to the accumulation of flatus, not so much of which is evident this morning as there was yesterday. He suffers no abdominal tenderness. His skin is in good condition; he has no fever, and takes his nourishment and some stimulants. The urine is perfectly clear and runs freely from the wound. A case of stone is never to be regarded as out of danger, until at least from eight to twelve days have elapsed after the operation, but, if after the first five or six days, the patient exhibits no unpleasant symptom, he will ordinarily recover. This boy is feeble, he suffered very much from the irritation of the stone, which broke down his health very considerably.

Fracture of the Humerus.

This man, aged 24 years, met with an accident last Tuesday by getting entangled between two freight cars. On taking hold of the elbow, and of the arm a little above, distinct crepitus can be elicited. There is an oblique fracture about two and a half inches above the condyles.

Fractures of the humerus at any point between

the surgical neck and condyles, are among the most accidents of this kind to treat. They require but very little treatment, and there is scarcely any excuse for resulting deformity in the shaft of the humerus. There is not usually much shortening. Where there is, it is produced by the contraction of the triceps muscles. Anteriorly, the biceps is capable also, of causing shortening.

The apparatus required will be first a roller, which, at the outset, ought to be placed around the fingers, hand, and arm, in the form of the ordinary spiral reverse. If there is much discoloration and swelling, a lotion of acetate of lead and opium may be applied. The roller should not be neglected, as the bloodvessels require the support it affords, and the muscles are kept under proper control. Then an internal angular splint is wanted, to extend from the axilla to the extremities of the fingers, and a little beyond, so that the hand may rest entirely upon it. The anterior, posterior, and outer portions of the arm, may be controlled by three splints.

Better than this, is binder's board, which can be cut and softened by dipping in hot water and modeled so as to fit the three portions of the arm, and fulfil by a single concave splint all the indications subserved by the three just named.

In this patient the fracture is a very simple one, there being little contusion, and no tendency to displacement. Some caution is always to be observed in protecting the internal condyle, either by making a little opening through the angular splint, or by inserting some cotton. Wherever the splint comes in contact with the soft parts, it is always well to interpose cotton to prevent excoriation.

The sling should be placed at the hand not extending far back, in order to allow the arm to act as an extending force to preserve the proper length of the limb.

The dressing ought to be renewed in twenty-four hours, after which, every other day until the expiration of a week and a half, when every third or fourth day will be often enough to replace it.

Necrosis of Femur.

This little boy, 10 years of age, has been suffering for five years from an affection of the thigh bone. He was once introduced before the class by Dr. Hunt, and an operation performed for the removal of a portion of the dead bone, but there still seems to be a considerable amount remaining.

There is a sinus or the remains of one on the inner part of the thigh, and a depressed condition of the skin, which is characteristic of preëxisting necrosis, the subcutaneous part being bound down to the periosteum.

It is apt to be said when a boy has an affection of a bone, that there must be some constitutional trouble, some vice which involves his general condition, and the probability is, that many errors are committed in this way. It does not follow necessarily, that such an affection is an indication of some previous change in his constitution. The bones are influenced by the same laws of nutrition as every other part of the body. When diseased action takes place in the skin, tendons, etc., it is not always said that it depends upon a diathesis. Disease of the bones often occurs without any involvement of the constitution. Violent muscular action is sufficient to produce it by tearing off the periosteum, or disarranging the connection of its bloodvessels, so as to produce inflammation. Cold or rheumatism may occasion it. Of course, there are general conditions which excite inflammation of the bones, as the syphilitic, carcinomatous, or strumous diathesis.

This boy seems to be in good health, his nutrition is good, and he has none of the characteristics of a strumous or scrofulous cachexia.

Bone may become affected in different parts of its structure. The superficial or the central portion of the bone may be diseased, or the entire body of the bone involved. When only the external or peripheral parts of the bone are affected, the inflammation will, after a certain time, throw off the plates or scales, called external exfoliation. Internal exfoliation, is necrosis of the innermost laminae of the bone. When the bone in the interior is involved, the dead portion will eventually be separated and lie in the centre of the shaft imprisoned, and when in that condition, is called a sequestrum. Nature is equal to the task of removing that sequestrum by ulceration taking place through the bone, but, while it is always well to wait until the separation is well affected, it is not desirable to delay until openings have formed through the bone of sufficient size for the removal of the dead portion. The openings should be at once enlarged and the necrosed portions removed, because, when once separated, they can only act prejudicially to the health.

It was disease of the bone of this kind, which, in part, led to the extended experiments of Dr. HAMMILL as to the development of bone. While engaged in the study of the structure of vegetables, he noticed that bone was always detached in the shape of laminae or scales, and he thought that the periosteum played the same part to the bone as he conceived the bark did to the woody fibre. For a long time this view was subjected to investigation and criticism. Now we have come back to the belief, that bone grows by deposit from the periosteum; hence, in modern surgery, great importance is attached to the preservation of the periosteum to secure reproduction of the bone again.

The boy was placed under the influence of ether, and the finger, which is the best probe, introduced into the sinuses on the surface which lead down to the openings or cloaca, in the new bone, to ascertain the extent and locality of the separation. The wound of the former incision on the outer side of the thigh, was enlarged, and by means of the forceps, a very large mass of dead bone removed in three pieces. The wound will heal by granulations from the bottom. A little lint was introduced to act as a drain to remove all accumulation. The parts will be dressed with tepid water. The hemorrhage is not likely to be of much consequence. It bleeds freely for a while, as bone will everywhere, but it soon stops.

EDITORIAL DEPARTMENT.

Periscope.

AN ARTIFICIAL VAGINA.

Dr. Wm. H. HINGSTON, Surgeon to the St. Patrick's Department of the Hotel Dieu at Montreal, reports the following singular case in the *Canada Medical Journal*:

In the summer of 1859, writes Dr. HINGSTON, I was asked to see Miss —, of this city, aged twenty-three, who, I was informed, had never menstruated, and who had suffered greatly in consequence. Miss — was a stout, red-faced girl, with bloated, swollen face, and presented an appearance of general plethora. She told me her sufferings were almost incessant, but were more severe for a few days in each month; and this condition of things had continued from the age of fourteen, with gradually increasing severity. Her days were passed in pain, and her nights in troubled and disordered sleep, in feverish dreams or wakefulness. Several years before, she had, by the advice of her physician, commenced taking morphia, which she had rapidly increased in quantity, without being rendered oblivious to her sufferings; and the sleep, into which she would sometimes fall, was so labored, and her breathing so stertorous, as frequently to oblige her parents to arouse her. Several physicians had been consulted during the long course of her sufferings, and as my patient had retained a list of the medicines employed by each, it presented a most formidable array of emmenagogues, cathartics, sudorifics, and stimulants. As the potent armamenta of the materia medica had already been pretty fairly exhausted, I proposed a tactual examination. To this, however, there were objections, until the very intelligent midwife who had been instrumental in having me consulted (and who, at my request, made an examination) had informed the patient she was unlike the rest of womankind. On inspection, the mons veneris was very scantily supplied with its usual covering, and the cushion of adipose tissue over the symphysis pubis was neither thick nor firm. The meatus urinarius existed at its normal site, and a little below there was a slight depression marking the place of the vagina. But there was no preputium clitoridis—no clitoris—no labia or nymphæ—no vestibule. An examination, per rectum, established the existence of an uterus, but, with the catheter at the same time in the urethra, no interposed vagina could be felt. I at once proposed to remedy, surgically, this anomalous state of things, hoping a division of the skin—which seemed to be thin—would lead to something like a vagina. Consent having been obtained, I made the first incision on the 23d of June, 1859, from within three lines of the meatus to within the same distance of the rectum.

Here and there, in the line of the incision, I met with condensed areolar tissue, but no vestige of a vagina. I now made up my mind that there

existed no natural passage, and that it was necessary to hew one out of the soft tissues. A day was named for the purpose, and in the meantime a large fine Turkey sponge was immersed in a thick solution of gum acacia, and submitted to enormous pressure for a few days, by which it was reduced to the thickness and hardness of sole leather.

On the 27th June the patient was placed under the influence of chloroform, and an incision, the length of the first, was made in the mesian line; a three valved speculum was introduced, and through it several narrow strips of hardened sponge. The hemorrhage during the operation was somewhat alarming; but, after my departure, the quantity of blood lost was so great as to soak through the bed, run in a stream upon the floor, and induce frequent syncope. When hastily summoned to the bedside, I removed the thickly swollen slices of sponge by strings, which had, previous to their introduction, been attached to each piece; and employed astringent injections. The hemorrhage gradually ceased; not however, till I had time to reflect that Simpson's fate—under somewhat similar circumstances—was to be mine, with a *renommée*, however, less able to bear a shock which had almost unseated the advocate of hysterotomy. Two days after the removal of the sponge, I reintroduced fresh pieces through the speculum—the patient being under the influence of chloroform—and repeated this proceeding, without chloroform, every second day for a fortnight, when, by coaxing and urging, I induced the patient to submit to the knife again, assuring her friends and herself that the hemorrhage on this occasion would be inconsiderable, as I could feel the uterus at a short distance from the wound already made.

On the 15th of July, another and a deeper incision was directed upward and backward, and still in the mesian line, when the os uteri was reached—full, thick-lipped, and pointing. No discharge or secretion of any kind escaped, though an elastic bougie was made to enter the interior cavity to the usual depth. I now had a vagina formed, suited to any purpose, and the compressed sponge still increased its capacity. The sponge was removed, and fresh pieces introduced every second day for several weeks, when the speculum, covered with lint, was substituted—introduced in the ordinary way, and the handles secured together. A fortnight after the last operation a very moderate secretion took place, which increased at the succeeding menstrual periods, with complete relief to all those distressing symptoms for the relief of which she had consulted me. The morphia was laid aside, and sleep without it, was sound and refreshing; and the patient, from a bloated, swollen, and apoplectic-looking object, became as slender and as genteel as she could have desired. The dilating process was continued for several months.

Some time ago I was asked my opinion concerning her marriage (then on the tapis), and, after an examination, unhesitatingly counselled it. (The smooth walls of the artificial vagina were now lubricated with a secretion,

and the organ was of the ordinary capacity.) The marriage took place, and the lucky possessor of the *alim unweibliche frau* is still, so far as I am aware, ignorant of the circumstance that the knife had carved for him a path to enjoyment. And now I have to mention what to me appears the most remarkable circumstance in the case. Previous to the operation there was no sexual desire, but when menstruation had been fairly established there was a difference in that respect; and after marriage, gratification had increased with sexual indulgence. The patient has not become pregnant.

Treatment of Cancer by the Injection of Acetic Acid.

The London correspondent of the *Southern Journal of Medical Sciences* says:

The novelty of the past two months, is the injection of acetic acid into the substance of cancers, in order to secure their removal by absorption. The plan is brought forward by Dr. BROADBENT, a physician who is thought highly of in London. It suggested itself to his mind in consequence of the known solvent powers of this acid upon cancer cells as seen under the microscope. Dr. BROADBENT recommends that about forty drops of a mixture of one part of acetic acid with five or six parts of distilled water, should be injected into the cancer; the point of the syringe being thrust (subcutaneously) into different parts of its substance during the operation, so that the agent is well disseminated through it. The injection is repeated at intervals, varying from five to ten days or longer, according to its effects. The method is now being extensively tried, and many cases are reported in which large cancers have been completely and almost painlessly removed. Its true value, however, can by no means be pronounced upon at present.

Termination of Motor Nerves in the Muscles.

The views of Dr. BRALE, relative to the mode of termination of the nerves in the muscular tissue have been pretty generally accepted in this country. Most British microscopists hold with the King's College Professor in believing that the nerves have no decided termination in the muscles, but that their ultimate fibres unite in forming a network of extreme delicacy. Abroad, however, this view has met with some opposition, and especially from MM. KUHN and ROUGET, the latter of whom has just presented a memoir to the Academy of Sciences upon the above subject. M. ROUGET states that the nerve-fibre ends in a sort of a terminal plate or disk; and in answer to Dr. BRALE's denial of such a mode of termination, he writes: "I shall only reply, that all other observers who have devoted themselves to this subject, MM. KRAUSE, KÜHN, WALDEYER, ENGELMANN, and LETZNERICH, and still more recently, MM. CONHEIM, and VULPIAN, have all admitted the existence of the terminal plate, and its entire independence of any nervous network." M. ROUGET laid before the members of the Academy some photographs of microscopic preparations of tissue, which he said demonstrated the following conclusions: (1) The terminal division of the

axis cylinder of the motor nerve-fibre constitutes by anastomosis and fusion a terminal expansion of finely granular substance, identical with that of the terminal filaments of the corpuscles of Pacini, of the ultimate nervous lamina of electric plates of fishes, etc., and in immediate contact with the contractile substance of the primitive bundle.

(2) This nervous expansion is traversed in every direction by minute canals, establishing a connection between the numerous nuclei of the plate, and communicating probably, on the one hand, with the space intermediate between the sarcolemma and the contractile fibrillae, and on the other hand, with the interstice between the matrix of the nervous tube and the medullary layer—an arrangement which is doubtless related to the special action of certain poisonous substances upon the terminal extremity of the motor nerves of animal life. M. ROUGET's paper will be found in the *Comptes Rendus*, June 25th.—*Lancet*, and *Detroit Review*.

Reviews and Book Notices.

On the Action of Medicines in the System.

By FREDERICK WILLIAM HEADLAND, M.D., B.A., F.L.S., Fellow of the Royal College of Physicians, etc., etc. Fifth American from the Fourth London Edition, revised and enlarged. Philadelphia: LINDSAY & BLAKISTON, 1867.

In this last issue of a well known treatise, we find a great deal that is interesting, a few things that are new, and some that are practically valuable; much that is ingenious, and a very great deal that is uncertain. Were a medical student to make this his first reading-book upon therapeutics, he would, if of easy faith, be delighted; if of an exact turn of mind, disappointed almost to disgust. Let us acknowledge, however, that the fault belongs not with Dr. HEADLAND, but with the actual state of his science; which wants *positiveness* to a great degree. Yet, regarded from the stand-point of the medical inquiry of to-day, the work before us cannot be regarded as a complete treatise. The "action of medicines in the System," as now employed by the practitioner, ought to include not only stomacheal medication, but also that by the hypodermic method, and by inhalation. Neither of these are alluded to by Dr. HEADLAND, except the inhalation of chloroform and some other anæsthetics.

Present opinions of a writer of so extended a reputation are important enough for brief notice. Dr. HEADLAND adheres to the view that nearly all the action of medicines take place in and through the blood, and that we risk the least in accounting for their *modus operandi*, when we use the expression "various counteractions." He objects still, with a number of cogent facts and argu-

ments, to the generally favored theory of POISEUILLE, that *endosmose* determines, mainly by the density of the liquid, whether a dissolved saline medicine shall act as a diuretic or as a cathartic. Experiments of Dr. HEADLAND'S OWN, as well as those of MIALHE, BÉRARD, BIDDER, SCHMIDT, and DONDEERS, disprove the assertion of ESTERLE, that particles of finely divided charcoal find their way from the alimentary canal into the blood. He therefore insists absolutely that no insoluble body is ever absorbed.

An important principle is asserted which bears upon the whole of the *Materia Medica*, viz., that, for medical use, we must ascertain the effects of medicines upon the body and organs in *certain states of disease*, quite apart from their *physiological* effects during health. The two things are often confounded to a disadvantage. That a certain agent produces certain actions upon a healthy body, of a man or an animal, makes it only *probable* that something like the same effects will follow its administration during sickness. Only the actual experiment will show exactly its therapeutic action.

The theory of diabetes held by Dr. HEADLAND is, that the sugar in the urine comes from its accumulation in the blood in consequence of an arrest in its normal conversion into lactic acid by the changes connected with respiration. He has a very pretty theory (pp. 218, 219), in the formulae, to explain the chemical deviations which occur in blood-changes in diabetes, oxaluria, rheumatism, gout, and lithiasis. That which refers to gout is almost the reverse of that of MIALHE, which, if we are not mistaken, has been sustained by LIEBIG, turning upon the point made by the French chemist, that urea is more highly oxidized than uric acid.

Dr. HEADLAND explains the known utility of nitric and hydrochloric acids in low fevers, by asserting that in such diseases there is an excess of alkali in the blood. Citric acid he avers to have succeeded, and potassa to have failed, in the prevention and cure of scurvy. Lactic acid is recommended in dyspepsia, to supply the want of it in the gastric juice. The prepared *pepsine* sold in London, even that of BOUDAUULT, has been found by PAVY to be nearly all inert.

A natural self-gratulation is expressed by our author at the confirmation of his theory of the hæmatic action of quinine in the cure of ague, etc., by the discovery of DU PRA and BENGE JONES, that quinine, or its near analogue, exists naturally in the blood.

Antimony and mercury are, in this work, still declared to be the agents which tend most power-

fully to check the general blood-process of inflammation (p. 201). In primary syphilis, early venereal eruptions, and syphilitic iritis, mercury is said, by Dr. HEADLAND, to be the "single and best remedy." Sarsaparilla is, as we believe it well may be, put down as a "very doubtful member of the order" of anti-syphilitic medicines.

"Anti-convulsives" are made yet to include nitrate of silver, for the treatment of epilepsy, and to omit bromide of potassium. We should have supposed the former to have been sufficiently tried and found wanting, and the latter to be awaiting a full experimentation, encouraging already in many instances. Bromide of potassium is mentioned in another connection (p. 283) as a nervous sedative and anaphrodisiac.

As an instance of the diversity of the ideas which govern the classification of medicines, it may be noticed that Dr. HEADLAND does not mention alcohol in the order of stimulants; although that order is made to contain some fifty other substances. Alcohol is, with him, an "inebriant narcotic."

Snow's theory, (that of the distinguished English physician, lately deceased) attempting to explain narcotism and anæsthesia by deoxidation of the blood, is ably refuted by our author. No mention, however, occurs of nitrous oxide. As this agent contains so much more oxidation than air, and supports ordinary combustion more actively, it is hard to imagine how the defenders of SNOW'S theory (ANSTIE, MIALHE, RICHARDSON, and others,) can possibly ascribe to it this "disorganizing" power in producing anæsthesia.

The closing chapter of Dr. HEADLAND'S book, is occupied with an analysis of the action of some of the more important medicines in particular; as cod-liver oil, sulphuric acid, potash, quinine, iron, antimony, mercury, iodine, colchicum, arsenic, ammonia, strychnia, alcohol, chloroform, opium, hydrocyanic acid, aconite, digitalis, tannic acid, and sulphate of magnesia. Although not free from doubtful statements and hypotheses, this chapter is as interesting and valuable as any part of the book.

— When M. SÉZ, a newly-appointed professor at the Paris School of Medicine, made his first appearance in the lecture-room he was hissed and hooted by the students because he had not passed through all the usual preparatory stages. The storm was allayed after a time by speeches from two of the students, one of whom, LÉVRAUD, was recently sentenced to six months' imprisonment as a member of a suspected secret society; and the other, JACQUARD, was expelled last year from the Faculty of Medicine for having attended the Liège Congress.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 27, 1867.

S. W. BUTLER, M. D., *Editor and Proprietor.*

THE INTERNATIONAL MEDICAL CONGRESS AT PARIS.

The International Medical Congress will be opened at Paris on the 16th of August next. The Central Committee earnestly desire an active participation in the Congress on the part of Medical Societies from all parts of the world, by sending delegates to represent them.

By the third article of the Statutes, foreign delegates are admitted without any pecuniary consideration.

The undersigned having been appointed a Corresponding Delegate by the Central Committee at Paris, would urge upon Medical Societies the propriety of appointing delegates to the Congress as speedily as practicable, and reporting them to him, that he may forward them as early as possible to the Central Committee.

S. W. BUTLER, M. D.,
Philadelphia, Pa.,
Corresponding Delegate.

Medical Journals please copy.

A CHECK UPON CRIMINAL ABORTION.

We see daylight on the subject of criminal abortion. An example is set of legislating against the evil, which we trust will soon be followed by other States. It begins in the smallest State of the Union, but that is because it happens to have an efficient sanitary police, which is equivalent to saying, that her medical men exert their proper influence in the State. There is no State in the Union where the medical profession exert as much influence as they do in Rhode Island, and none whose sanitary interests and vital statistics are so well looked after. Let the profession of other States take example from that of Rhode Island, and exert their proper influence in these respects, and let their first efforts be to put a check upon the growing evil of criminal abortion.

The following act was passed at the January session, 1867, of the General Assembly of Rhode Island:

As Aor in addition to and in amendment of chapter 216 of the revised statutes "of offences against chastity, morality, and decency."

It is enacted by the General Assembly as follows:

SEC. 1. Every person who shall be convicted of wilfully administering to any pregnant woman, or to any woman supposed by such person to be pregnant, or of advising or procuring for such woman, or causing to be taken by her anything whatever, or shall employ any means whatever, with intent thereby to procure the miscarriage of such woman, or of aiding and assisting therein, or by counselling and procuring the same, unless the same is

necessary to preserve her life, shall, if the woman die in consequence thereof, be imprisoned not exceeding twenty years nor less than five years; and if she do not die in consequence thereof, shall be imprisoned not exceeding seven years nor less than one year: *Provided*, that the woman whose miscarriage shall have been caused or attempted, shall not be liable to the penalties prescribed by this section.

SEC. 2. Any person who shall be indicted for the murder of any infant child, or of any pregnant woman, or of any woman supposed by such person to be or to have been pregnant, may also be charged in the same indictment with any or all the offences mentioned in the preceding section, and if upon the trial the jury shall acquit such person on the charge of murder, and find him guilty of the other offences or either of them, judgment and sentence may be awarded against him accordingly.

SEC. 3. Whoever knowingly advertises, prints, publishes, distributes, or circulates, or knowingly causes to be advertised, printed, published, distributed, or circulated, any pamphlet, printed paper, book, newspaper notice, advertisement, or reference, containing words or language giving any notice, hint, or reference to any person, or to the name of any person, real or fictitious, from whom, or to any place, house, shop, or office, where anything whatever, or any instrument or means whatever or any advice, direction, information, or knowledge may be obtained for the purpose of causing or procuring the miscarriage of any pregnant woman, shall be imprisoned not exceeding three years.

SEC. 4. All acts and parts of acts inconsistent herewith, are hereby repealed; *provided, however*, that nothing in this act contained shall in anywise affect any complaint or indictment now pending, or that may hereafter be made or found for any offence committed before the passage of this act, against the provisions, or any of them, of an act in addition to chapter 212, title XXX, of the revised statutes "of offences against the person" passed at the January session, 1861.

SEC. 5. This act shall take effect on and after its passage.

A true copy: Attest,

JOHN R. BARTLETT,
Secretary of State.

SANITARY MEASURES IN THE ARMY.

The Surgeon-General has wisely issued a circular of instructions to the medical officers of the army, which, for preventing an invasion of cholera at the military posts, and checking it if it should from any cause arise, is worth whole tomes of essays and speculations on the communicability, portability, or contagion of the disease. Like all orders emanating from the military department of the government, it is practical and to the point, and its influence will tend to prevent the spread of cholera to the military posts, or confine it within narrow boundaries if it should appear.

Let the same measures be adopted by civil sanitary officers, and our record of the ravages of this terrible scourge will be a brief one.

The following is general BARNES' circular:

War Department, Surgeon-General's Office,
Washington, D. C., April 20, 1867.

In view of the possible prevalence of cholera during the approaching Summer, the following instructions are promulgated: Every endeavor will be made by medical officers to prevent the introduction of cholera from infected

commands, or its conveyance from point to point, by a "quarantine of observation" upon all detachments of recruits or troops arriving or departing from depots, posts, or recruiting stations at or near which this disease prevails. Prompt reports of its appearance in commands, either en route or in garrison, and isolation of all cases, so far as practicable. In addition to the strictest hygienic police enforcement of personal cleanliness and thorough disinfection, attention should be paid to the quality of the water used for drinking and cooking purposes. When pure rain water cannot be procured in sufficient quantities, and the spring or river water contains organic impurities, it should be purified by distillation or the noxious matter precipitated by permanganate of potash, from half a grain to one grain of the crystallized permanganate, or its equivalent in solution, added to one gallon of water, should produce a decided pinkish hue, which disappears within 24 hours, if the salt has not been used in excess. The water should then be drawn off and is ready for use. Turbid water, such as that of the Rio Grande, Lower Mississippi and its tributaries, should be filtered and allowed to settle before using. The deposit of impurities can be hastened by the addition of powdered alum in small quantities, well diffused by stirring. It is always, but more especially in times of threatened danger of pestilence, the duty and privilege of medical officers to submit the practical suggestions of experience and professional knowledge for the protection of the health of troops to their commanding officers, and the history of the epidemic of cholera in 1866, shows that only by combined and untiring vigilance, energetic action and rigid enforcement of hygienic measures within the reach of every commander, can we hope to avoid, keep in check, or eradicate this disease. Beside the usual reports of sick and wounded, every medical officer in charge of cholera cases will forward to the Surgeon-General's Office, at the close of each month, a list of cholera patients, in the following form. [Here follows the form]. Successful methods of treatment and the results of autopsies will also be communicated. The senior medical officer at every post at which cholera appears, will make a special report to the Surgeon-General, setting forth any facts he may be able to ascertain as to the introduction of the disease, and especially those bearing upon its importation from infected points by recruits or others, or its apparently spontaneous origin at the post.

J. K. BARNES, Surgeon-General, U. S. A.

THE FEMALE MEDICAL COLLEGE OF PENNSYLVANIA.

It is stated, upon reliable authority, that one of the Faculty of the Female Medical College to whom reference was made, in connection with non-professional practices, in the recent discussions in the Philadelphia County Medical Society, has resigned his position in the college and that his resignation has been accepted. This prompt action of the Board of Corporators shows a determination on their part to free the institution from any association which would not be considered perfectly unobjectionable in any of the regular colleges of the country—and will encourage the alumni of the school to continue in maintaining (as the great majority of them have ever done) a high-toned professional conduct and a strong regard for and strict observance

of the Code of Ethics as adopted for the government of the conduct of male physicians.

In this respect, the recent animated and excited discussions in the county society will not be without its good effect, as well upon the profession as upon the College itself, and should perhaps be a matter of congratulation rather than to be deplored, inasmuch as it has already roused the college to a more careful scanning into the character and standing of its faculty, and will doubtless in the future lead to the adoption of a still higher standard of excellence and acquirements, both from teachers and from pupils.

The opponents of female practitioners must then base their objections on the ground of sex alone. And though some, from interested motives in the form of successful competition, or from an illiberal spirit, from which we are sorry to say that even physicians are not always free, may still oppose them, there is yet a very respectable portion of the profession, both in numbers and influence, who will extend to them the right hand of fellowship and will welcome them to the duties and responsibilities of the practice of medicine in a spirit worthy of the holy character of the work.

The aim of the friends of the college is and always has been to make it regular in every respect, as well in its teaching as in the professional conduct of its faculty and graduates. The corporators state, and doubtless truthfully, that they were not aware of the irregularities in the conduct of the professor alluded to, and are grieved to find that such is the fact—and they take the first opportunity to announce that the connection no longer exists.

It should not be forgotten in this connection, that in filling the chairs, the corporators have not generally had the opportunity of selecting such persons as they could desire, but have frequently been obliged to accept such as would labor for them. Professional opinion has unfortunately, during the entire existence of the female college, run in so strong a current against the movement, that but few qualified and capable physicians have been found bold enough to defy it by accepting such positions. This is only one of the many difficulties that the institution has labored under and still labors under, and which have to a degree impaired its usefulness and cramped the best efforts of its friends.

It is hoped that those who believe in the capacity of females to become physicians will see in this movement of the corporators an earnest desire on their part to place the college ethically

right before the profession. Women-physicians ask no privileges that are not accorded to male members of the profession, but they claim the same rights; they are willing to be measured by the same standard and to be governed by the same rules. They have proved their fitness to undertake the varied and onerous duties of the practice of medicine, and no reflecting man can fail to realize that there is an urgent demand for their services, especially in all large cities. The time perhaps is not far distant when, in the language of a sensible and distinguished physician of this city, "Nothing" will "be thrown in the way of furnishing the means for a good professional education to all women who seek to enter upon the career of a practitioner of medicine."

Notes and Comments.

Retaining Fees.

We understand that a certain well known quack has recently entered into contracts with several newspapers of this city and New York for advertising, to the amount of two hundred thousand dollars. Included in the contract, though it may not be stipulated in words, is any amount of editorial puffs of the medicines advertised, with abuse, actual and implied, of medical men who do not thus subsidize the press. Inuendoes, anecdotes bearing hard upon regular practitioners of medicine, and even open attacks upon medical men, "may be looked for about this time," as the almanacs say. These twenty-five thousand dollar retainers have a powerful influence on the press, deny it as they may.

Medical Register of the District of Columbia.

We have received from the author, Dr. J. M. TOWNE, of Washington, D. C., a copy of the *Medical Register* of the District of Columbia, for 1867. It comprises a great deal of very interesting and useful information for medical men, not only of the District of Columbia, but of all sections of the country. Besides an account of medical and other institutions of the District, and the names of regular practitioners there, it contains an account of the organization of the American Medical Association, of the army and navy, a description of the Army Medical Museum, and of various national and municipal institutions of the city. There is also compiled from the report of the Provost Marshal General's office by Surgeon J. H. BAXTER, U. S. Vols., an account of the relative frequency of particular diseases in the different sections of the United States. This is a very use-

ful little manual, not only to physicians of the District, but to the profession generally.

The American Naturalist.

We have received the March and April numbers of the *American Naturalist*, a *Popular Illustrated Magazine of Natural History*. This is a very important addition to our periodical literature, and will be welcomed by many of our readers. It is published by the Essex Institute at Salem, Mass., and edited by ALPHEUS S. PACKARD, Jr., M. D., in connection with EDWARD S. MORSE, ALPHEUS HYATT, and FREDERICK W. PUTNAM. It is well edited, beautifully printed, and fully illustrated. All who are themselves interested in the study of natural history, or who desire to encourage it in their families, should sustain this publication. The subscription price is \$3 a year.

Fougera's Cod-liver Oil.

We have given this preparation of cod-liver oil a trial in several cases, and it appears to give satisfaction. It seems to be carefully prepared, is nicely put up, and has all the characteristics of a good cod-liver oil, and is less offensive to the stomach, than some of the preparations of this popular and useful remedy. A peculiarity of this oil is the additional proportion of iodine and bromine that is combined with it, rendering it stronger in those important elements, than the ordinary forms of the oil found in the market.

Resignation of Dr. Kerr.

Dr. KERR, whose name was mentioned in a late discussion in the Philadelphia County Medical Society, in connection with an objectionable circular, is no longer connected with the Female Medical College of Pennsylvania.

Code of Ethics of the American Medical Association.

WILLIAM WOOD & Co., of New York, have issued the Code of Ethics of the American Medical Association in a very neat, attractive form.

COD-LIVER OIL DRAGÉES.

We have received from the agents, WARD, CLOSE & Co., of New York, a box of GUFFROY'S Cod-liver oil dragées, which, it is claimed, are composed of an extract of that article, two-hundred and fifty dragées representing fully, six and a quarter pints of cod-liver oil. These dragées are very neatly gotten up, being sugar-coated, and, if what they are represented to be, are certainly preferable to the crude oil—for swallowing.

The Late Prof. Silliman.

That excellent monthly—*Hours at Home*—which begins its fifth volume with the May number, contains in that number a very interesting and appreciative article, By Rev. Dr. RAY PALMER, on the life and character of the late Prof. BENJAMIN SILLIMAN.

Correspondence.

DOMESTIC.

A Singular Case of Partial Paralysis.

EDITOR MEDICAL AND SURGICAL REPORTER:

A brief synopsis of a singular case of partial paralysis, still under observation, may be of interest; and the more so, if the result should enable me to determine the nature of the lesion.

W. K., æt. 22; native of Prussia; recruit. Heavy, well built man; lymphatic, slightly anæmic, functions normal; general condition fair.

March 15, 1866. Admitted as with "amaurosis." Represents himself to have been perfectly well till within a few weeks. No subjective symptom but that of rapidly failing vision. Pupils much dilated, irides immobile, corneæ clear; no injection of conjunctiva or sclerotic, no iritis, no opacity of lens or capsule.

April 9th. Vision has failed rapidly. Can distinguish nothing with right eye. Apparent condition of the eyes unchanged. Ophthalmoscope reveals no abnormal appearance of retinae.

April 19th. No distinct vision, but slight sensitiveness to light. No change in condition, except tendency to constipation.

May 5th. Has severe headache; pain diffused and persistent.

July 1st. Is totally blind. Has severe headaches, occurring at short intervals. Relieved by purgation and blisters to nucha.

Oct. 8th. There has been no marked change in symptoms. Headaches have been frequent and severe, but of short duration. Appetite has continued good. Has taken exercise when not suffering from pain in the head. No return of sensitiveness to light. Condition of eyes unchanged. To-day complains of numbness, affecting and confined to left side of head and face.

Oct. 10th. Mouth very sore; aphthous ulcerations.

Oct. 12th. Pain severe on left side of head; partial loss of sensibility: mouth, and tongue when protruded, drawn to left side.

Oct. 25th. Has had severe pain at intervals; distention of features much less marked.

Oct. 28th. Had a convulsion yesterday; remained unconscious about fifteen minutes. This attack was preceded by a transitory return of sensitiveness to light. Pain in head very severe. Extremities very cold during the attack.

Nov. 23d. Has had very severe pain at intervals. Paralytic symptoms have gradually diminished. Remaining distortion of mouth and tongue very slight. No change in eyes; no return of perception of light. Was losing strength, but condition has improved under more generous diet and gentle stimulation. To-day he complains that the *sense of taste* is very defective.

Nov. 29th. Remains in much the same condition; smell and taste are very much impaired. Has been thoroughly and variously tested, to establish the fact.

Dec. 10th. Recurrence of severe cephalic pain, with vomiting. Great depression of spirits; general temperature much reduced.

Dec. 11th. Had convulsions last night, of but very short duration. Is free from pain. Paralytic symptoms unchanged.

Dec. 14th. Complains of some pain and heaviness in the left upper eyelid. In other respects much the same.

Dec. 15th. Sense of taste improved.

Jan. 1, 1867. Sense of taste much improved. Has had severe pain at times, vomiting, etc. General condition better. No distortion of mouth or tongue.

Jan. 23d. No change worthy of note up to date. There is to-day complete loss of sensibility in entire left side of head and face.

Jan. 25th. Partial return of sensibility in left side of head and face.

Feb. 27th. Has remained in much the same condition; on the whole rather improving till yesterday, when he had another convulsion.

Up to the present time no other noteworthy symptoms have occurred. He has occasional attacks of pain still, but his general condition is much improved; appetite is good; he walks out every day; there is no remaining paralytic symptom; sensibility in head and face has gradually returned. No symptoms have been permanent but the loss of vision, which is entire.

S. F. COVES, Surgeon U. S. Navy.

Naval Hospital, Chelsea, Mass.

Pension Examining Surgeons.

The Commissioner of Pensions has appointed Dr. William Walton, of Woodsfield, Ohio; Dr. Archibald C. Lewis, of Greensburg, Kentucky; Dr. Alexander McBede, of Chippewa Falls, Wisconsin, and Dr. C. Baker, of Harrisburg, Illinois, surgeons to examine applicants for pensions.

News and Miscellany.

Suspended Development in Twin Pregnancies.

Dr. M. M. EATON, of Peoria, Ill., reports as follows to the *Chicago Medical Examiner*:

In the May number of the *Chicago Medical Journal* for 1864, Vol. 21, No. 5, page 206, I reported a case that I attended, where a lady was delivered of a fetus of about two months' development about two hours previous to her being delivered of a still-born fully developed child at full term.

The past summer, having had another case of a similar nature, I thought I would report this also, simply to add an item to accumulating experience on the physiology and pathology of gestation; such cases being of special interest to the pathologist, and not entirely void of interest to the general practitioner.

Case 2. Was called, August 14, 1866, to attend Mrs. H., living on North A— street. Found her to be about 21 years of age, native of Illinois, in labor with her first child. She stated that she had always enjoyed good health, and she had the appearance of being in perfect health. On making an examination, I discovered the head of the child presenting to the os uteri, which was dilated about two and a half inches, with a gristly substance hanging from the os, an inch or more in length. This by more careful manipulation I discovered to be the hand and arm of a small fetus. I then made slight traction in the absence of the pain, and the fetus was delivered. It was of the size of a three months' fetus, was not decomposed. The funis consisted simply of a slender membrane, without any appearance of blood-vessels. I should state that the amniotic fluid had been previously discharged. The labor now progressed naturally, and a fully developed living girl was delivered within an hour. The mother recovered without any trouble; the child still lives, a stout and hearty child.

Upon delivering the placenta, I could discover no indication of the attachment of the funis of the fetus to the placental surface. I have these two specimens of arrested development carefully preserved in alcohol. Now the question arises, what caused the suspension of development in one and not in the other of these twins?

Syphilis extensively Propagated by Vaccination in France.

In a western department of France (Morbihan) some villages have been the theatre of severe syphilitic symptoms upon more than thirty children, who had all been vaccinated from a little girl with six punctures on each arm, the child herself having been operated upon from another who had been vaccinated from lymph preserved between two plates of glass obtained from the authorities. This misfortune created so much sensation that the Academy of Medicine of Paris sent down two Commissioners, Messrs. HENRY REAUX and DRAUL. These gentlemen have just presented their report to the Academy, and this important document ends with the following

considerations:—1. Several of the children whom we have examined were undoubtedly suffering from secondary syphilis. 2. We see no way of explaining this contamination but by vaccination; and we are confident that the cases we have seen were really syphilis engendered by vaccination. 3. As to the origin of the virus, it is very probable that the poison is traceable to the lymph, preserved between two pieces of glass, supplied by the authorities. As primary symptoms were also observed among the children, Mr. RICORD begged the commissioners to insert that fact in their report, which these gentlemen agreed to do. Here we unfortunately have again repeated the sad occurrences which took place at Rivalta (Italy) a short time ago.—*Lancet*.

— M. BOWDIN, an authority in statistical and anthropological matters, died recently in Paris. He was the author of an excellent work on medical geography, and of numerous contributions to medical and scientific publications on the different branches of medical statistics.

ARMY AND NAVY.

NAVY.

List of changes, etc., in the Medical Corps of the Navy, for the week ending April 20, 1867.

Passed Ass't-Surgeon Saml F. Shaw, detached from the U. S. S. Florida, and placed on waiting orders.

Ass't-Surgeon Thos. R. Brown, ordered to be detached from Rec'g Ship Baltimore, on the 30th inst., and report on the 20th of May for duty on board the *Guerriere*.

MARRIED.

ALLEN-MAXWELL.—By Rev. W. C. Neely, April 4th, Dr. H. H. Allen and Miss Sade B. Maxwell, all of Tuscarawas co., Ohio.

BAKER-PLUMSTEAD.—April 11th, at the residence of the bride's parents, by his Honor, the Mayor of Philadelphia, Ellwood Baker, M. D., and Miss Mary E., daughter of Robert Plumstead, Esq., all of Upper Darby, Delaware county, Pa.

GORDON-KING.—At New Albany, Ind., March 28th, by the Rev. C. Hutchinson, Dr. John Gordon and Miss C. C. King, all of that city.

JEWELL-McMULLIN.—April 13, 1867, by Rev. James B. Simmons, Wilson Jewell, M. D., and Mrs. Charlotte M. McMullin, all of Philadelphia.

KELLOGG-CHUR.—In New York, April 16, by the Rev. Joseph A. Seiss, D. D., of Philadelphia, Edwin M. Kellogg, M. D., and Louisa H., daughter of A. T. Chur.

MCCARTHY-BARRY.—On Monday, April 22, by the Rev. E. W. Hitchcock, Henry E. McCarthy, M. D., and Mary E., daughter of H. A. Barry, M. D., all of New York.

TOWNSEND-KAUFF.—At Ascension Church, New York city, April 11, by Rev. Dr. Tuttle, Dr. Henry E. Townsend, of Boston, and Emilie, daughter of the late Robert Kauff, of Germany.

DIED.

ALLEN.—On the 6th inst., at the residence of his brother, Dr. Nathan Allen, Lowell, Mass., of congestion of the lungs, Dr. Jonathan M. Allen, formerly of this city, in the 52d year of his age. [A more extended notice will appear next week.]

CARROLL.—At the quarters of the 1st U. S. Infantry, Jackson Barracks, New Orleans, La., on the 23d of April, 1867, of consumption, Acting Assistant Surgeon Thomas Carroll, U. S. Army, aged 29 years. Late of No. 617 South Sixteenth Street, Philadelphia, Pa., formerly on duty at Mount Pleasant U. S. General Hospital, Washington, D. C., and McClellan U. S. General Hospital, Philadelphia. Remains forwarded to Keene, Ohio, for interment. —2t.

COTT.—San Francisco, April 17.—Dr. Benjamin B. Cott, the pioneer physician of San Francisco, dropped dead in the street last night, caused by heart disease.

OBITUARY.

Simeon Abrahams, M. D.

ABRAHAM.—Suddenly, on Sunday morning, April 14, Simeon Abrahams, M. D., in the 58th year of his age.

We have no biography or account of the professional life of Dr. ABRAHAM, but the following record of his benefactions, taken from the *N. Y. Tribune*, shows that he was a good man, and it is well worthy of preservation.

Dr. ABRAHAM leaves behind him a bright example for rich men to imitate. After spending a life of the greatest frugality, temperance and industry, he so directs the distribution of his accumulated means (amounting to not less than \$300,000) that the entire sum falls at last into the lap of charity. The only seeming exception to this, is the amount awarded to the executors for services to be rendered, which may very properly be classed under the head of expenses. It will be perceived that that most worthy charity, the New York Hospital, receives a large share of his beneficence.

Though of the Jewish persuasion, he never was sectarian in his charities or his good will; and in his endeavors to confer a benefit, he never stopped to consider whether the recipient was Jew or Gentile.

His acts of disinterested kindness were numberless. Even in the distribution of his means in a business way, he always adhered to principles which were most likely to benefit those with whom he dealt. No single individual in the City of New York ever held more small bonds and mortgages than he. While rich men generally deprecate the idea of investing their means in small sums, Dr. ABRAHAM made it a principle if a poor man needed his means for the purpose of improving a lot in some out-of-the-way place, to advance it to him in sums of \$500, or \$1,000, in preference to loaning it in larger sums to those who would find less difficulty in obtaining them. In numberless instances, too, when such applications have been made, and the means not at hand, and the need urgent, has he deposited securities and borrowed at bank to accommodate his needy applicant. His kindness to them did not end here, for while he was ever ready to lend them, he was as willing to receive the payments in small amounts of \$50 and upwards, as the ability of his beneficiaries enabled them to make them.

The record of such a man's life is worth much to the public, and a strong inducement for others to imitate it.

There is no doubt but that Dr. ABRAHAM was greatly influenced by the example set him by one of our most esteemed and late fellow-citizens, ANSON G. PHELPS, to follow it. In reading the record of Mr. PHELPS's Will, he remarked, "there is a man worthy of his country, and one who lived to do good, and I mean to follow his example." His death reveals the fact that he has truthfully kept his promise by thus widely extending his charities where they were most needed.

The large amount awarded to the Old Ladies' Home, in Twentieth Street, (\$20,000), was greatly out of respect to the memory of Mr. PHELPS, who was one of its founders and most earnest supporters while he lived.

Dr. ABRAHAM was only in his 58th year, and was born in the City of New York, where none was better known and respected, or more frequently resorted to for counsel and advice. After accumulating his means, he travelled throughout the United States and Europe, and the entire of the Holy Land, and was one of the very first Hebrew Scholars of the country, and could write the language with greater facility than any other.

The following is a list of his bequests: Directs his body to be disposed of for scientific purposes, or for burial according to the wish of his family; gives directions to pay all his debts immediately: to his brother Benjamin, during life the income of \$50,000; to his sister, Mrs. DYER,

during life the income of \$30,000; Hebrew Benevolent Society, \$25,000; Jews Hospital, \$25,000; Lying-in Asylum, Marion-st., \$3,000; American Female Guardian Society, \$5,000; Orphan Asylum, Bloomingdale, \$5,000; Eye and Ear Infirmary, \$3,000; Firemen's Fund Association, \$1,000; Deaf and Dumb Institution, \$3,000; Old Ladies' Home, Twentieth-st., \$20,000; Blind Asylum, Ninth-ave., \$5,000; Juvenile Asylum Reformation of Delinquents, \$2,000; New York Dispensary, \$1,000; Northern Dispensary, \$1,000; Eastern Dispensary, \$1,000; Demilt Dispensary, \$1,000; Western Dispensary, \$1,000; North-Eastern Dispensary, \$1,000; North-Western Dispensary, \$1,000; New York Ophthalmic Hospital, \$2,000; Juvenile Asylum, \$3,000; New York Society for the Relief of Widows and Orphans of Medical Men, \$5,000; Nursery and Child's Hospital, \$3,000; Colored Home, \$5,000; Association for Benefit of Colored Orphans, \$5,000. Each Executor who shall qualify (three in number, \$1,000), \$3,000 in addition to his regular fees. Total, 210,000. The use of house and lot to his brother and sister during their lives, with all taxes, assessments, water rents, etc., paid. All the real, residue, and remainder of his property to the New York Hospital; to which institution he also gives all the property of which his brother and sister have the use while living (house included) after their death. Appoints BENJAMIN ABRAHAM, JOHN H. RIKER, and SAMUEL RIKER, Executors.

METEOROLOGY.

April,	1.	2.	3.	4.	5.	6.	7.
Wind.....	S. W. C'd'y.	S. W. Clear.	S. W. Clear.	S. W. Clear.	S. W. C'd'y Sh'r.	S. W. Clear.	S. W. Clear.
Weather....	Rain.						
Depth Rain..	5-10				1-10		
Thermometer.							
Minimum....	48°	36°	34°	38°	48°	37°	39°
At 8 A. M....	52	52	45	52	59	47	50
At 12 M....	55	53	55	54	59	49	50
At 3 P. M....	56	54	56	65	60	50	
Mean.....	51.50	48.75	47.50	54.75	56.50	45.75	48.25
Barometer.							
At 12 M....	29.6	29.9	30.3	30.1	29.6	29.9	30.2
Germantown, Pa.					B. J. LONDON.		

MEDICAL SOCIETY OF NEW JERSEY.

The next Annual Meeting of the Medical Society of New Jersey will be held in the City Hall Buildings at Newark, on the fourth Tuesday of May, (the 28th) at half-past 7 o'clock, P. M.

WM. PIERSON, Jr.,

Recording Secretary.

Orange, N. J. April 26, 1867.

530-L.

AMERICAN MEDICAL ASSOCIATION.

THE EIGHTEENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION will be held in Cincinnati, Ohio, on Tuesday, May 7th, 1867, at 11 o'clock, A. M.

Secretaries of all Medical Organizations are requested to forward lists of their delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON,

215 Spruce Street, Philadelphia, Pa.

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